

No. C 132373	Due no later than Jan 31, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) BARBARA THOMPSON SUMMIT ONE #2801 ELKHORN RD SUN VALLEY ID 83353																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. HIGHLAND VILLAGE, INC. LARRY M WILSON 15504 147TH AVE CT E ORTING WA 98360		3. <u>New</u> Registered Agent Signature.																					
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Pres./Treas.</td> <td>Larry M. Wilson</td> <td>15504-147th Ave. Ct. E.</td> <td>Orting</td> <td>WA</td> <td></td> <td>98360</td> </tr> <tr> <td>Sec./V.P./Sec.</td> <td>Dr. Barbara Thompson</td> <td>P.O. Box 93</td> <td>Sun Valley</td> <td>ID</td> <td>Blaine</td> <td>83353</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Pres./Treas.	Larry M. Wilson	15504-147th Ave. Ct. E.	Orting	WA		98360	Sec./V.P./Sec.	Dr. Barbara Thompson	P.O. Box 93	Sun Valley	ID	Blaine	83353
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.